STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	06/16/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIMROSE RETIREMENT COMMUNITY OF KOKOMO	329 WEST RAINBOW DRIVE KOKOMO, IN46901

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R0000	This visit was for a State Residential Licensure survey. Survey Dates: June 15 and 16, 2011 Facility number: 011555 Provider number: 011555 AIM number: N/A Survey team: Toni Maley, BSW, TC Donna M. Smith, RN Tammy Alley, RN Census bed type: Residential : 45 Total: 45 Census payor type: Other: 45 Total: 45 Sample: 7 These state residential findings are in accordance with 410 IAC 16.2. Quality review completed 6/21/11 by Jennie Bartelt, RN.	R0000	R 0000 Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and/or executed solely because it is required.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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R0033	(h) The facility must furnish on admission the following: (1) A statement that the resident may file a complaint with the director concerning resident abuse, neglect, misappropriation of resident property, and other practices of the facility. (2) The most recently known addresses and telephone numbers of the following: (A) The department. (B) The office of the secretary of family and social services. (C) The ombudsman designated by the division of disability, aging, and rehabilitation services. (D) The area agency on aging. (E) The local mental health center. (F) Adult protective services. The addresses and telephone numbers in this subdivision shall be posted in an area accessible to residents and updated as appropriate.			
	Based on observations and interviews, the facility failed to ensure the designated addresses and phone numbers for the area's health and social services agencies were available and posted in an area accessible for 2 of 2 observation days. (June 15 and 16, 2011) This deficiency has the potential to impact 45 of 45 residents. Findings include: On 6/15/11 at 9:50 a.m. and again at 2:00 p.m. during the environmental tour, the phone numbers for the Indiana State Board of Health (ISDH), Indiana State's	R0033	A review of the records indicates that no residents were directly affected; however, the potential exists for all residents to have been affected by this practice. A complete listing of names, addresses, and telephone numbers of the following agencies has been posted in the front lobby of the building and at the Nurses Station near the main rear entrance of the building for the following agencies/individuals: Indiana State Department of Health (ISDH); Secretary of Family &	07/11/2011

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	Ombudsman, and Adult Protection Services (APS) were observed posted at the nurse's station. No further information was observed. On 6/15/11 at 10:15 a.m. during an interview, the Administrator indicated the census in the facility was 45. On 6/16/11 at 8:05 a.m., the phone numbers for ISDH, Indiana State's Ombudsman, and APS were again observed at the nurse's station. No further information was observed. On 6/16/11 at 9:45 a.m. during an interview, the Administrator indicated the ISDH, Indiana State's Ombudsman, and APS phone numbers were the only ones he had posted. No addresses were posted with these same phone numbers. Also, no phone numbers or addresses were available for the office of the secretary of family and social services, area agency on aging, and local mental health center.		Social Services (FSSA); Ombudsman; Area Five Area Agency on Aging & Community Services; Local Mental Health Center; and Adult Protective Services (APS). The Executive Director will monitor the posted Notices maintaining a monthly log indicating that the Notices are in place with current information updated as needed. Completion Date: July 4, 2011	

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R0090	(g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following: (1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to: (A) epidemic outbreaks; (B)poisonings; (C) fires; or (D) major accidents. If the division cannot be reached, a call shall be made to the emergency telephone number published by the division. (2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative. (3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility. (4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the: (A) employee's full name; and (B) dates and hours worked during the past twelve (12) months. (5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a			

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	notice posted of their availability. (6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request Based on observations and interviews, the facility failed to have available the most recently completed facility survey reports with a sign posting the location of the survey book for 2 of 2 days observed. (June 15 and 16, 2011) This deficient practice impacted 1 of 1 resident who was interviewed regarding the survey report location, and this deficient practice had the potential to impact 45 of 45 residents and their families/visitors. Findings include: On 6/15/11 at 9:50 a.m. and again at 2:00 p.m. during the environmental tour, no survey information and/or survey book was observed. On 6/15/11 at 10:15 a.m. during an interview, the Administrator indicated the census in the facility was 45. On 6/16/11 at 8:05 a.m., no survey information and/or survey book was observed. On 6/16/11 at 8:05 a.m. during an interview, Resident #35 indicated she was	R0090	R 090 A review of the records indicates that no residents other than resident #35 were directly affected; however, the potential exists for all residents to have been affected by this practice. The Survey Book with the most recently completed survey reports has been placed in the front lobby of the building with clearly visible signs noting the location of the Survey Book posted in the front lobby and in the main rear entrance at the Nurses Station. The Executive Director will monitor to insure that the signs and Survey Book remain in place, keeping a monthly log to indicate compliance and will report any discrepancies to the QA Committee. Completion Date: July 4, 2011	07/04/2011

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	not aware of the location and/or of a notice/sign concerning where to find the survey book. On 6/16/11 at 8:10 a.m. during an interview, the Administrator indicated the survey book was kept in his office. He also indicated he did not have any information posted concerning the location of the survey book. At this same time, the Director of Nursing also indicated she had no information concerning where the survey book was located.			
R0116	(a) Each facility shall have specific procedures written and implemented for the screening of prospective employees. Appropriate inquiries shall be made for prospective employees. The facility shall have a personnel policy that considers references and any convictions in accordance with IC 16-28-13-3. Based on interview and record review, the facility failed to ensure new employees had pre-employment criminal background checks for 2 of 5 employees reviewed for criminal history checks (CNA #2 and LPN #2). This deficient practice had the potential to impact 45 of 45 residents. Findings include: Review of a current, undated, facility	R0116	R 116 A review of the records indicates that no residents were directly affected; however, the potential exists for all residents to have been affected by this practice. Criminal Background checks for C.N.A. #2 and LPN #3 were requested and received with results that indicated "A thorough search of	07/04/2011

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	policy titled "Criminal Background Checks," which was provided by the Administrator on 6/16/11 at 10:07 a.m., indicated the following: "All employees prior to hire will be required to have a criminal background check, and adult/child abuse registry checks." A 6/16/11, 8:45 a.m., employee record review indicated two employees did not have criminal history checks: 1. CNA #2, hired 1/3/11 2. LPN #3, hired 12/13/10 During a 6/16/11 10:00 a.m. interview, the Administrator indicated CNA #2 and LPN #3 did not have criminal history checks in the employee records. He indicated the record showed the criminal history checks had been requested but not received and the facility had not identified the issue of missing reports until this date. On 6/15/11 at 10:15 a.m. during an interview, the Administrator indicated the census in the facility was 45.		our files…does not reveal a limited criminal history record on…C.N.A. #2 and LPN #3. The Executive Director will maintain a tickler file on the Criminal Background Check forms when mailed on all potential new hires and these potential employees will not be allowed to start working for Primrose Kokomo until the response from the Indiana State Police has been received. The Executive Director will monitor this practice and report any discrepancies to the QA Committee. Completion Date: July 4, 2011	

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R0273	(f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation, interview and record review the facility failed to date and labeled food items in order to ensure freshness and flavor and prevent spoilage. This deficient practice had the potential to impact 45 of 45 residents, who ate meals prepared in the facility kitchen. Findings include: During a 6/16/11, 10:10 a.m. interview, the Administrator indicated 45 of 45 residents, who resided in the facility on 6/15/11, ate a minimum of one meal each day which was prepared in the facility kitchen. A review of a current, undated, facility policy titled "Food Storage", which was provided by the Administrator on 6/16/11 at 10:10 a.m. indicated the following: "Leftover food is stored and covered or wrapped carefully and securely. Each item is clearly labeled and dated before being refrigerated. Leftover food is used within 2-3 days or discarded...." "Frozen Foods: ...Foods should be covered, labeled and dated."	R0273	R 273 A review of the records indicates that no residents were directly affected; however, the potential exists for all residents to have been affected by this practice. The items that were found to be without dates and labels during the survey were immediately dated and labeled. The Dietary Manager/Head Cook will create and maintain a checklist to include daily visual inspection and initialing for compliance of dates/labels of all refrigerators/freezers and other food storage areas. This checklist will be completed daily by the Dietary Manager or Designee and filed in the Dietary Manager's office. The Executive Director will monitor for timeliness and completeness and report these findings to the QA Committee. Completion Date: July 4, 2011	07/04/2011

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	During a 6/15/11, 9:50 a.m. kitchen sanitation tour with Cook #1, the following leftover food items were observed to be stored in the refrigerator or freezer without dating or labeling on the food items: a.) Corn b.) Beef c.) "Cheeseburger" soup e.) Sausage patty f.) Brown gravy g.) Mashed potatoes h.) "Bean and Bacon" soup During a 6/15/11, 9:55 a.m. interview, Cook #1 identified and named the above seven items as leftover food items. He indicated the items should have been labeled and dated when stored in the refrigerator or freezer.			